

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

28084

1. PLACE OF DEATH

County.....

Registration District No. **781**

Township.....

Primary Registration District No. **103**

City **St. Louis**

(No. **Desloge Hospital**)

St. **1443 Sheridan**

Ward **University City Mo**

2. FULL NAME **Katie Fischer**

(a) Residence, No. **17**

(Usual place of abode)

St. **17**

Ward. **University City Mo**

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

John Fischer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

July 6-1877

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

56

1

12

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Mo

13. NAME

Christ Sodeloff

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Mo

15. MAIDEN NAME

Mary Williams

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Mo

17. INFORMANT (ADDRESS)

John Fischer 1443 Sheridan Drive

18. BURIAL, CREMATION, OR REMOVAL

PLACE

St. Pauls

DATE

Aug 21

1933

19. UNDERTAKER (ADDRESS)

Robert Fleckenstein 66.33 Chapman St

20. FILED

AUG 20 1933

J. Bredeck

Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

Aug 18

1933

22. I HEREBY CERTIFY, That I attended deceased from

Aug. 16

1933

to **Aug. 18**

1933

I last saw him alive on **Aug. 18**, 19..... Death is said

to have occurred on the date stated above, at **4:15 P.M.**

The principal cause of death and related causes of importance were as follows:

Ac. Encephalitis

Date of onset

Other contributory causes of importance:

Diabetes Mellitus.

Name of operation.....

Date of.....

What test confirmed diagnosis?.....

Was there an autopsy? **No**.....

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

Also, specify.....

(Signed) **Maurice A. Oberholzer**, M. D.

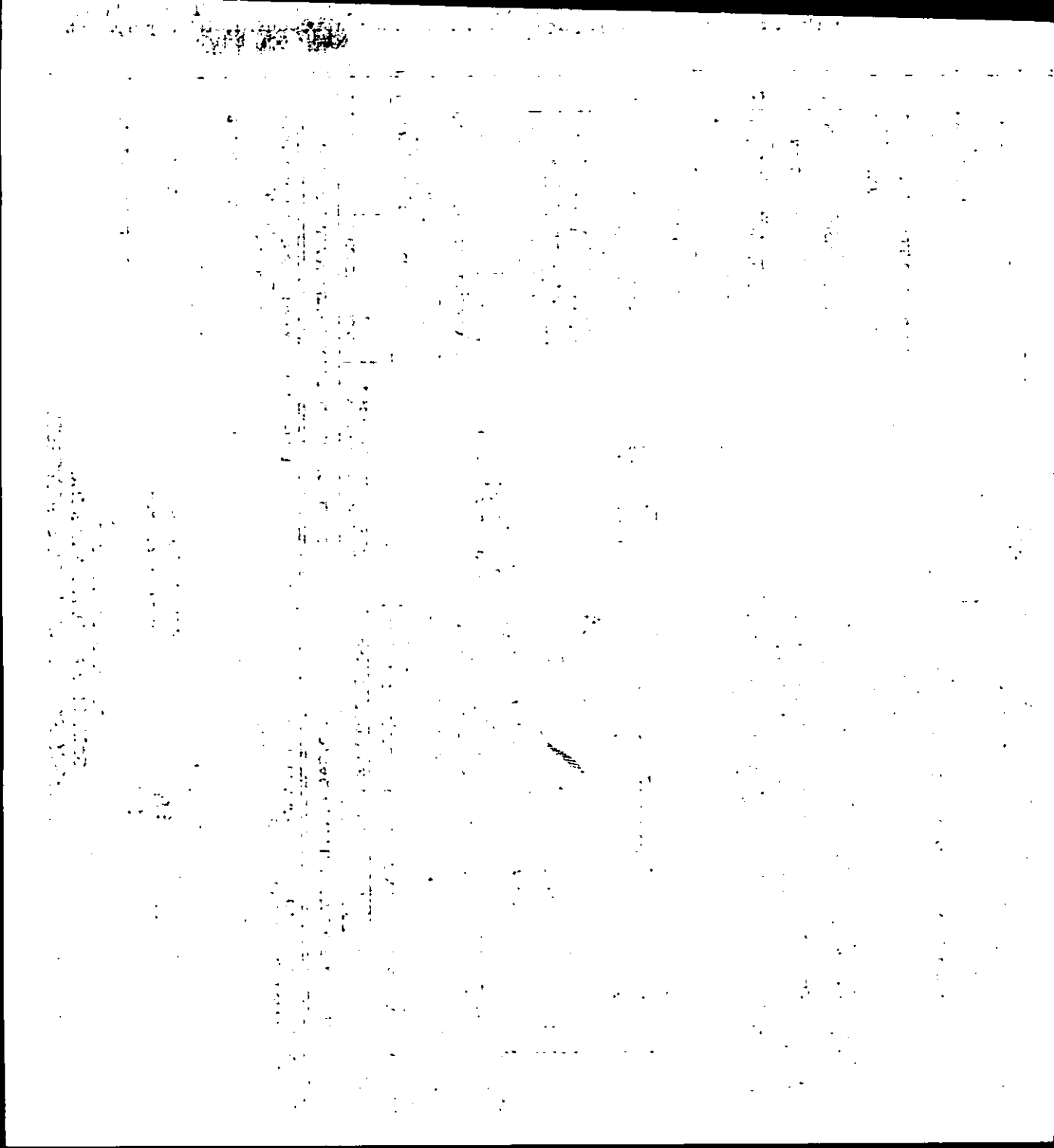
(Address) **1325 S. Grand**

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SEP 26 1933

23

Vertical



MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

ALL INFORMATION CALLED
 FOR MUST BE WRITTEN ON
 THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County.....
 Township.....
 City St. Louis (No.....)

Registration District No. 791
 Primary Registration District No. 1113

File No.....
 Registered No. 71605
 St. Ward)

2. FULL NAME

(a) Residence, No. 1443 Sheridan U. City, Mo. Ward.....
 (Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX..... 4. COLOR OR RACE..... 5. SINGLE, MARRIED, WIDOWED, OR
 DIVORCED (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED
 HUSBAND OF
 (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1
 day, hrs.
 or min.

8. Trade, profession, or particular
 kind of work done, as spinner,
 sawyer, bookkeeper, etc.

9. Industry or business in which
 work was done, as silk mill,
 saw mill, bank, etc.

10. Date deceased last worked at
 this occupation (month and
 year)

11. Total time (years)
 spent in this
 occupation

12. BIRTHPLACE (CITY OR TOWN)
 (STATE OR COUNTRY)

13. NAME

14. BIRTHPLACE (CITY OR TOWN)
 (STATE OR COUNTRY)

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN)
 (STATE OR COUNTRY)

17. INFORMANT
 (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE..... DATE..... 19.....

19. UNDERTAKER
 (ADDRESS)

20. FILED 18 1933

J. H. Bredeck
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 18, 1933

22. I HEREBY CERTIFY, That I attended deceased from
Aug. 16, 1933 Aug. 18, 1933

I last saw him alive on Aug. 18, 1933 Death is said
 to have occurred on the date stated above at 4:40 m.

The principal cause of death and related causes of importance were as follows:

Acute suppurative
(Epidemic)
 Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?..... Date of injury..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. H. Bertoli, M. D.

(Address) 1325 D. Grand

7-28084